MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04996

4992

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 328 S. Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 09
STREET ADDRESS (If rural give location) 328 South Locust Street 1

3. NAME OF DECEASED: (Type or Print) (First) CASSIE (Middle) ELIZABETH W. (Last) ALBERT

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 10, 1867

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months 1 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Albert

14. MOTHER'S MAIDEN NAME: Mary Powles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Edward Hornbaker Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis, generalized — indeterminate.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Peripheral vascular disease with ulcer of heel — (certain) 2 wks

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23 1955, to May 3, 1955, that I last saw the deceased alive on May 2, 1955, and that death occurred at 12:50 A M, from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. DATE SIGNED 5-3-55

William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. M. D. Hagerstown, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/5/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Wash., Maryland

DATE REC'D BY LOCAL REGISTRAR May 3d 1955 | REGISTRAR'S SIGNATURE Edith Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

04997

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4993

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. 03 — LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 W. North Street 02

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland. 03
STREET ADDRESS (If rural, give location) 67 W. North Street. 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Odessa	Margaret	Anderson	May	31	195

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	May 1 1916	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Private family	Hagerstown Maryland	USA.

13. FATHER'S NAME: James Anderson

14. MOTHER'S MAIDEN NAME: Bessie Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-20-8946

17. INFORMANT AND ADDRESS: Mrs Cletine Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
971.8 Immediate cause	(a) acute cyanide poisoning (roach pwd.)	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? Drank mixture of roach pwd containing calcium cyanide		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS 115 N. Potomac St- Hagerstown, Md. — DATE SIGNED 6-1-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-3-1955	Rose Hill Cemetery	Hagerstown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 3, 1955	Edward H. Bowers	John R Watson Jr	Hagerstown Md

4994 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04998

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 05
STREET ADDRESS (If rural give location) 935 Hamilton Blvd.

3. NAME OF DECEASED: (First) LELO (Middle) M. (Last) BAILEY
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: June 5, 1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 11 Days 10 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel E. Bailey
14. MOTHER'S MAIDEN NAME: Mary S. Erude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 7 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: J. Turnbull Spicknell Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 5 mos.

ANTECEDENT CAUSE (S): DUE TO (B) CEREBRAL ARTERIOSCLEROSIS — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 13, 19 55, to May 15, 19 55, that I last saw the deceased alive on May 15, 19 55, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Hagerstown Md. DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/18/55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 17, 1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: C. M. Suter & Sons ADDRESS: Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04993

5^44

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Smithsburg, R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
STREET ADDRESS (If rural give location) Smithsburg, R.D.1 1

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) George (Last) Bayer

4. DATE OF DEATH: (Month) 5 (Day) 14 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 20, 1897

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): employed

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Ringgold, Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Bayer

14. MOTHER'S MAIDEN NAME: Effie Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Daniel Bayer Smithsburg, R.D. 1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma of Prostate

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/54 to 5/14/55, that I last saw the deceased alive on 5/14/55, and that death occurred at 5:40P M, from the causes and on the date stated above.

SIGNATURE Charles F. Hess M.D. ADDRESS M. D. Smithsburg, Md. DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/17/55	Prices Cemetery	Waynesboro, R.D.2 Pa.

DATE REC'D BY LOCAL REGISTRAR May 16 55

REGISTRAR'S SIGNATURE Geo W Ferguson

24. FUNERAL DIRECTOR Walter Z Hoke ADDRESS Waynesboro, Pa

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

335

5^45

MARYLAND, STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05000

CERTIFICATE OF DEATH

Reg. Dist. No. 323

Items 5,6,7, Film G182 6-20-55 et

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Rural Hagerstown, Md.
LENGTH OF STAY (in this place): 1yr, 10mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Penn. COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg, Pa. 75 X 3
STREET ADDRESS (If rural give location): 123 E. Queen Street

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) C. (Last) Berger

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 2, 1872

9. AGE last birthday 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Berger

14. MOTHER'S MAIDEN NAME: Elizabeth Brenneman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — **(If Yes, give war or dates of service)**

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Glen M. Berger- 39 Lincoln Way W Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of Stomach — 3 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1953 to 5/16, 1955, that I last saw the deceased alive on 5/16, 1955, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. David R Brewer — ADDRESS Clar[illegible] — DATE SIGNED 5/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1955	Cedar Grove Cemetery	Chambersburg, Pa.

DATE RECD BY LOCAL REGISTRAR: May 18-1955 — REGISTRAR'S SIGNATURE: J. W. Murray

24. FUNERAL DIRECTOR AND ADDRESS: Robert R. Barbour- Chambersburg Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05001

5946

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X MT. CARMEL - RURAL
LENGTH OF STAY (in this place) 78 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS OR Boonsboro MD. R. 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. CARMEL - RURAL X
STREET ADDRESS (If rural give location) Boonsboro MD. R.2

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) STANTON (Last) BISER

4. DATE OF DEATH: (Month) MAY (Day) 14 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JUNE 25 1872

9. AGE last birthday 82 - 10 - 19 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): MYERSVILLE FRED. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSHUA F. BISER

14. MOTHER'S MAIDEN NAME: AMANDA KELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. WILBUR D. MOSER Boonsboro MD. R2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
450.0
IMMEDIATE CAUSE (A) Generalized Arteriosclerosis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 7 Yrs. - Mos. - Days; 3 - 3 - 9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1952, to May 14, 1955, that I last saw the deceased alive on May 11, 1955, and that death occurred at 9:00 A. M, from the causes and on the date stated above.

SIGNATURE J. Shubert Wade M.D. ADDRESS Boonsboro, Md. DATE SIGNED 5-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF MAY-17-1955

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR May. 17. 1955

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR W.M. F. BAST AND SONS ADDRESS BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05002

4995

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 32 yeras
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 417 Michigan Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Milton (Last) Blickenstaff

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married | 8. DATE OF BIRTH: Sept. 7, 1909 | 9. AGE last birthday 45 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10B. KIND OF BUSINESS OR INDUSTRY: Housing
11. BIRTHPLACE (State or foreign country): Wolfsville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles F. Blickenstaff
14. MOTHER'S MAIDEN NAME: Lizzy Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3
16. SOCIAL SECURITY NO. 219-01-9145
17. INFORMANT & ADDRESS: Helen Blickenstaff, HagerstownMd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE — (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — DUE TO (B) Carcinoma of rectum — 6 mos.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3/3/55 and 3/10/55
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of rectum with metastasis to liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1955, to 5/6, 1955, that I last saw the deceased alive on 5/5, 1955, and that death occurred at 1:35 PM, from the causes and on the date stated above.

SIGNATURE George Jennings — ADDRESS M.D. Hagerstown, Md. — DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 5-8-55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 8. 1955 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4996

CERTIFICATE OF DEATH

05003

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 735 Dale St.,

3. NAME OF DECEASED: (Type or Print) Herman (First) L (Middle) Bond (Last)

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Aug. 12, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cement laborer

10B. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Bond

14. MOTHER'S MAIDEN NAME: Sarah Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-9349

17. INFORMANT & ADDRESS: Tom Bond Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.2

IMMEDIATE CAUSE (A) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1955, to May 29, 1955, that I last saw the deceased alive on May 28th, 1955, and that death occurred at 6A M, from the causes and on the date stated above.

SIGNATURE Thos. H. Bowers M. D. ADDRESS Hagerstown Md. DATE SIGNED 5/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-1-55 — NAME OF CEMETERY OR CREMATORY Rest Haven — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 1. 1955 — REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5004

: 4997

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 19
81 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Rural X
STREET ADDRESS (If rural give location) Rt. 2 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Keefer (Last) Bower

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Apr. 30, 1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Liquor

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W. Bower

14. MOTHER'S MAIDEN NAME: Carrie Keefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. 1

16. SOCIAL SECURITY NO. 214-28-5778

17. INFORMANT & ADDRESS: Mrs. Bernadette J. Bower

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1

(A) DUE TO Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Myocardial Infarction — 20 days

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17/55 19 , to 5/6/55 19 , that I last saw the deceased alive on 5/6/55 19 , and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE Robert W. Campbell M. D. ADDRESS Hagerstown md DATE SIGNED 5/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 10, 1955 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 10, 1955 | REGISTRAR'S SIGNATURE Chas. W. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. LOUIS GRAFF

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5947

CERTIFICATE OF DEATH

05005

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BOONSBORO RURAL
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 BOONSBORO MD. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MIDDLETOWN 10X-2
STREET ADDRESS (If rural give location) 217 - JEFFERSON ST.

3. NAME OF DECEASED: (Type or Print) (First) EMMERT (Middle) JEROME (Last) BOYER

4. DATE OF DEATH: (Month) MAY (Day) 17 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: AUGUST - 30 - 1880
9. AGE last birthday 74-8-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10B. KIND OF BUSINESS OR INDUSTRY: - FARM -
11. BIRTHPLACE (State or foreign country): MIDDLETOWN FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BOYER
14. MOTHER'S MAIDEN NAME: AMANDA TRACY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: ROBERT BOYER - BOONSBORO R. 2.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 IX

IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Colon — months

DUE TO (C) Carcinoma Stomach. — hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/16, 1955, to 5/17, 1955, that I last saw the deceased alive on 5/17, 1955, and that death occurred at 6.10 P.M, from the causes and on the date stated above.

SIGNATURE [signature] M. D.
ADDRESS 119 E. Antietam
DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: MAY-20-1955
NAME OF CEMETERY OR CREMATORY: REFORMED CEMETERY
LOCATION (City, town, or county) (State): MIDDLETOWN FRED. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: May 20. 1955
REGISTRAR'S SIGNATURE: John E. Bast.
24. FUNERAL DIRECTOR: WM. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05006

4998

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 105 North Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 105 North Locust Street 1

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) M. (Last) Brandenburg

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: September 8, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chewsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Eckstine

14. MOTHER'S MAIDEN NAME: Mollie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Ira C. Bradenburg, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150X

IMMEDIATE CAUSE (A) Adenocarcinoma Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diffuse Extensive Arteriosclerosis

DUE TO (C) Heart Disease — 2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/49 19..., to 5/5/55 19..., that I last saw the deceased alive on 5/5/55 19..., and that death occurred at M, from the causes and on the date stated above.

SIGNATURE Earl Young M. D. ADDRESS Hagerstown DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5-8-1955 — NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery — LOCATION (City, town, or county) (State): Smithsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 7, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 .05007

4999

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
03
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 1021 CORBETT ST. 1

3. NAME OF DECEASED: (Type or Print) (First) CHESTER (Middle) LUTHER (Last) BURGER

4. DATE OF DEATH: (Month) MAY (Day) 28 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/13/1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): SILK WEAVER

10b. KIND OF BUSINESS OR INDUSTRY: FABRIC MILL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM A. BURGER

14. MOTHER'S MAIDEN NAME: HENRIETTA RIDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO 3
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 176-01-1713

17. INFORMANT & ADDRESS: MRS. CAPTOLIA BURGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 2 days

Immediate cause (a) Generalized Peritonitis
540.1

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Perforated Peptic ulcer with perforation and bleeding and pyloric obstruction

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 26 May 1955

19b. MAJOR FINDINGS OF OPERATION: Bleeding Peptic ulcer, Perforated Peptic ulcer

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 May, 1955, to 28 May, 1955, that I last saw the deceased alive on 29 May, 1955, and that death occurred at 9 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Brumbach MD ADDRESS 170 west Washington St DATE SIGNED 30 May 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 5/31/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cem.

LOCATION (City, town, or county) (State) Hagerstown, Md

DATE REC'D BY LOCAL REGISTRAR May 31, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. J. Hormuth ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05008

5000

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 55 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 811 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03; STREET ADDRESS (If rural give location) 811 S. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Edith (Last) Burton

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Mar. 24, 1876

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Myersville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luther Zimmerman

14. MOTHER'S MAIDEN NAME: Louisa Saltzgiver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Austin Burton Jr. Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 236X

(A) DUE TO Kidney tumor, bladder tumors, — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Anemia secondary to above — 7 yr

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to May, 1955, that I last saw the deceased alive on May, 1955, and that death occurred at 3.45 M, from the causes and on the date stated above.

SIGNATURE Eldon L Woodlands M.D. ADDRESS Hagerstown Md DATE SIGNED 5/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 5-13-55; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 13, 1955; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05009

5901

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
LENGTH OF STAY (in this place) 60yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54 W. Bethel Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 54 W. Bethel Street.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Thomas (Last) Callaman

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Feb 22 1884

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Servant

10B. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Sharpsburg Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Callaman

14. MOTHER'S MAIDEN NAME: Maryin Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Emma Callaman 54 W. Bethel Street

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.4

IMMEDIATE CAUSE (A) Chronic Valvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1 Yr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic arthritis legs - alcoholic broken compensation.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1955 to May 23, 1955, that I last saw the deceased alive on May 20, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE W. O Campbell M. D. ADDRESS 145 N. Washington St. Hagerstown Md DATE SIGNED May 26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-26-1955	Rose Hill Cemetery	Hagerstown Maryland.

DATE REC'D BY LOCAL REGISTRAR May 26, 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5902

CERTIFICATE OF DEATH

05019

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 23 Hagerstown
LENGTH OF STAY (in this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cavetown X
STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED: (Type or Print) (First) Gaynell (Middle) Rachael (Last) Cline

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	February 12, 1920	35 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Smithsburg, Md.	

13. FATHER'S NAME: Russell Pryor

14. MOTHER'S MAIDEN NAME: Jennie Barkman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no	- -	Morris Cline, Cavetown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) 214X Pulmonary Thrombus	24 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Hysterectomy	April 17
	(C) Uterine Fibroid	2 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 17, 1955	Uterine Fibroid	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1955 to May 12, 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 2:30 M, from the causes and on the date stated above.

SIGNATURE AND M.D. G G Kohler — ADDRESS Smithsburg — DATE SIGNED 5/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	May 14, 1955	Cavetown Church Ce.	Cavetown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 14, 1955	Chas. H. Bowers	Scott F. Minnich & Son,	Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5703 Dr Boyer 05011

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 15 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 136 So Mulberry St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 136 So. Mulberry St

3. NAME OF DECEASED: (First) ESTELLE (Middle) ELIZABETH (Last) COFFMAN
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1955 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: Oct 21 1864
9. AGE last birthday 90 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): near Avis Mill Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Shafer
14. MOTHER'S MAIDEN NAME: Catherine Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Earl Coffman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X IMMEDIATE CAUSE (A) Cerebral Vascular Accident

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11/55, 19..., to 5/5/55, 19..., that I last saw the deceased alive on 5/5/55, 19..., and that death occurred at 6:00 P.M., from the causes and on the date stated above.
SIGNATURE D. J. Boyer, M.D. ADDRESS 135 N. Potomac DATE SIGNED 5/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/8/55
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) near Tilghmanton Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 8, 1955
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05012

5904

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 19 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md.
STREET ADDRESS (If rural give location) 211 S. Conococheague Street

3. NAME OF DECEASED: (First) Lottie (Middle) Louise (Last) Corby
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 19 55
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Feb. 22 1906
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months 2 Days 22 IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitress
10B. KIND OF BUSINESS OR INDUSTRY: Town Hall
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James W. Corby
14. MOTHER'S MAIDEN NAME: Victoria Forsythe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-4046
17. INFORMANT & ADDRESS: 211 S. Conococheague Mr. Donald Drury Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinoma of Breast

ANTECEDENT CAUSE (S) DUE TO metastasis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15/54, 19..., to 5/15/55, 19..., that I last saw the deceased alive on 5/15/55, 19..., and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Williamsport Md. DATE SIGNED 5/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 17 1955
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR May 16 1955
REGISTRAR'S SIGNATURE Chas A. Bowers
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05013

Dr Hoacklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

5905

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 131 So Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 131 So. Locust St. 1

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) GRANT (Last) CREEK

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1955 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Aug 19 1868
9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Owner Retired
11. BIRTHPLACE (State or foreign country): Hancock Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Eli Creek
14. MOTHER'S MAIDEN NAME: Amanda Sweitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Amanda J. Creek

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Pneumonitis,	4 wks.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cystitis, hypertrophic prostate	1 yr
	DUE TO	
	(C) Arteriosclerotic heart disease	3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1955, to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 9:50 PM, from the causes and on the date stated above.

SIGNATURE Edward H. Woodcock M. D. ADDRESS Hagerstown Md. DATE SIGNED 5/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5/30/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 28, 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

05014

5^48

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Williamsport Md.; LENGTH OF STAY (In this place) 25 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 112 Salisbury St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.; STREET ADDRESS (If rural, give location) 112 Salisbury St.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Raymond (Last) Crider

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 27 1903

9. AGE Last birthday: 51 yrs. If under 1 year: Months 10 Days 8 If under 24 hrs: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Dry Cleaner

10b. KIND OF BUSINESS OR INDUSTRY: Dry Laundry

11. BIRTHPLACE (State or foreign country): Security Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Lester Crider

14. MOTHER'S MAIDEN NAME: Grace Nellie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 217-10-2726

17. INFORMANT AND ADDRESS 112 Salisbury St. Mrs. Lena Crider Williamsport Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 420.1 arteriosclerotic coronary	8 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) heart disease	
	(c) acute coronary Thrombosis	Thr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R Rohrer Wells M.D. - D.M.E. Hagerstown Md. May 6 '55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 8 1955 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. May 7 - 1955 | REGISTRAR'S SIGNATURE Rose M. Elroy

24. FUNERAL DIRECTOR ADDRESS Albert L Leaf Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05015

5906 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Md.
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland, 03
STREET ADDRESS (If rural give location) 144 N. Jonathan, Street

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) (no) (Last) Curtis

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 7 1899
9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid
10B. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Theodore Kane
14. MOTHER'S MAIDEN NAME: Louise Lyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Richard Lyles 142 W. North St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4437
IMMEDIATE CAUSE (A) Hypertensive Cardiovascular Disease — 10 yr
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1955, to May 14, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 9 A M, from the causes and on the date stated above.

SIGNATURE Robert V. Campbell M. D. ADDRESS Hagerstown DATE SIGNED 5/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-21-1955
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 21.1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR John R Watson jr ADDRESS Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05016

5907

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 921 Hamilton Blvd. 1

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Elizabeth (Last) Dunn

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: August 6, 1897

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months 9 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Kitson

14. MOTHER'S MAIDEN NAME: Gertrude Hollenshade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Peter F. Dunn, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO H.T. C. V.D. (Hypertension) — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18/54, 19..., to 5/12/, 1955, that I last saw the deceased alive on 5/12/55 19..., and that death occurred at 2 P M, from the causes and on the date stated above.

SIGNATURE Howard N. Woods M.D. ADDRESS 103 N Potomac Hagerstown Md DATE SIGNED 5/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5-17-1955 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR May 14 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

05017

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5049

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CONOCOCHEAGUE
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 2221 PENNSYLVANIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) WASHINGTON (Last) HAHN

4. DATE OF DEATH: (Month) MAY (Day) 2 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: OCTOBER 4 1878

9. AGE last birthday: 76-6-28 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: FARM.

11. BIRTHPLACE (State or foreign country): BROWNSVILLE WASH. Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE WASHINGTON HAHN

14. MOTHER'S MAIDEN NAME: LYDIA SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: 2221 - PENN. AVE MRS. BRUCE MULLENDORE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
421.4 IMMEDIATE CAUSE	(A) Ac. Cardiac Failure	2 days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Chr. Endocarditis.	5 yrs.
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1955, to May 2, 1955, that I last saw the deceased alive on May 2, 1955, and that death occurred at 3.15 P. M, from the causes and on the date stated above.

SIGNATURE David R Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 5/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF MAY-5-1955

NAME OF CEMETERY OR CREMATORY CHURCH OF BRETHREN CEMETERY

LOCATION (City, town, or county) BROWNSVILLE MD.

DATE REC'D BY LOCAL REGISTRAR May 3-55

REGISTRAR'S SIGNATURE Leroy M. Loehler Deputy Local

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS ADDRESS BOONSBORO MD

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05018

5908

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland. 03
STREET ADDRESS (If rural give location) 44 W. Bethel Street.

3. NAME OF DECEASED: (Type or Print) (First) Naomi (Middle) Amelia (Last) Harper

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-30-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Poolesville Maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Columbus Harper

14. MOTHER'S MAIDEN NAME: Rose Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-30-8810

17. INFORMANT & ADDRESS: Mrs Maria Hopkins 1742 W. North Ave Baltimore 17, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Cancer of the Lung with Generalized

ANTECEDENT CAUSE (S) DUE TO Metastasis to the Bones, Liver and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Kidneys DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Not known

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22/, 1955 to 5/21/, 1955, that I last saw the deceased alive on 5/20/, 1955, and that death occurred at 4:50 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 148 W. Washington St., Hagerstown, Md. DATE SIGNED 5/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-24-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR May 24/1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS John R Watson Jr Hagerstown Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05019

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5709 **CERTIFICATE OF DEATH** Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 6 days
81 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown X
STREET ADDRESS (If rural give location) 14 Cemetery St. 1

3. NAME OF DECEASED: (Type or Print) (First) Blaine (Middle) Perry (Last) Hendrickson
4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan. 13, 1893	62 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): inspector
10B. KIND OF BUSINESS OR INDUSTRY: aircraft ind.
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Hendrickson
14. MOTHER'S MAIDEN NAME: Ella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Lula B. Hendrickson, Funkstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0
(A) Arteriosclerosis of Coronary arteries
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Arteriosclerotic Heart Disease
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6 – , 1948 to May 6, 1955, that I last saw the deceased alive on May 6 – , 1955, and that death occurred at 1:45 P.M. from the causes and on the date stated above.
SIGNATURE Sidney Nonenstein M. D. ADDRESS Funkstown DATE SIGNED 5-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial
DATE THEREOF 4-9-55
NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park
LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REGISTRAR May 7, 1955
REGISTRAR'S SIGNATURE C. Chas. H. Powers
24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

5010 05020

Items 8, 14: film G182 6-8-55L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 9 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2027 Va. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 2027 Va. Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Lucille (Middle) C. (Last) Hite

4. DATE OF DEATH (Month) May (Day) 5, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March May 3, 1910

9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (State or foreign country): Danville, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Church

14. MOTHER'S MAIDEN NAME: Laila Lucille ~~Lelia~~ M. Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Rev. Jesse Hite. 2027 Va. Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinoma of the breast — 3 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 1952 /

19B. MAJOR FINDINGS OF OPERATION: Carcinomaof the breast

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 20, 1954, to May 5, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE Charlie Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED May 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 7, 1955	Highland Park Cem.	Danville, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 5, 1955	Chas. H. Bowers	Fred W. Kraiss	139 N. Potomac St. Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

5011

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05021

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Maryland
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 03
STREET ADDRESS (If rural give location) 338 N. Jonathan Street. 1

3. NAME OF DECEASED: (Type or Print) (First) Maxwell (Middle) Hawthorn (Last) Hill

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec 23 1906

9. AGE last birthday 48 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): janitor

10B. KIND OF BUSINESS OR INDUSTRY: Apartment house

11. BIRTHPLACE (State or foreign country): Shepherdstown, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Calvin Hill

14. MOTHER'S MAIDEN NAME: Josephine Hopewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 8-7-1943

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Josephine Wilkerson 338 N. Jonathan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 45 min.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1955, to 5/14/, 1955, that I last saw the deceased alive on 5/14/55, 19..., and that death occurred at 12.55 P.M., from the causes and on the date stated above.

SIGNATURE H. B. Campbell M.D. ADDRESS 145 W. Washington St. Hagerstown, Md. DATE SIGNED 5/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-18-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR May 18 1955

REGISTRAR'S SIGNATURE Ethel L. Bowers

24. FUNERAL DIRECTOR John R Watson Jr Hagerstown Md ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5050 05022

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 352

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Leitersburg
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mont Alto 75K-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Reichard (Last) Ickes

4. DATE OF DEATH (Month) May (Day) 29, (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH: June 15, 1914

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): farm hamd

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Mont Alto, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John H. Ickes

14. MOTHER'S MAIDEN NAME: Laura V. Reichard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John H. Ickes, Mont Alto, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Multiple fractures of upper & lower extremities — 1 mim

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Leitersburg (County) Wash. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY May 29 55 4:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Ran over by automobile, on highway

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. Robert Wells M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED May 29 '55

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF June 1, 55

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

LOCATION (City, town, or county) Mont Alto, Penna. (State)

DATE REC'D BY LOCAL REG. May 29, 1955

REGISTRAR'S SIGNATURE C. Kast H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son

ADDRESS Hagerstown

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05023

5012

Dr Hocklander

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 809 W. Washington St.

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) EUGENE (Last) JENKINS

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 25 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Eugene Jenkins

14. MOTHER'S MAIDEN NAME: Beverly Branch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Paul E. Jenkins

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7620

IMMEDIATE CAUSE (A) Atelectasis

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 May, 1955, to 26 May, 1955, that I last saw the deceased alive on 26 May, 1955, and that death occurred at 7 00 P.M, from the causes and on the date stated above.

SIGNATURE Elon S. Hocklander M.D. ADDRESS Hagerstown Md DATE SIGNED 5/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/27/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 27, 1955

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2055161333

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05024

5913

CERTIFICATE OF DEATH

Dr Ralph Young 302

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8/ Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 207 High St.

3. NAME OF DECEASED: (Type or Print) (First) EDNA (Middle) NANNIE (Last) JENNINGS

4. DATE OF DEATH: (Month) (Day) (Year) May 13 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Nov 2 1915

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin L. Drenner

14. MOTHER'S MAIDEN NAME: Annie E. Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. 214-14-6694

17. INFORMANT & ADDRESS: Melvin C. Jennings

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4442X

IMMEDIATE CAUSE (A) Hypertensive Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/3/55 19..... to 5/13/55 19....., that I last saw the deceased alive on 5/13/55 19....., and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE Ralph Young M.D. ADDRESS William Good Med DATE SIGNED 5/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/15/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 14 1955

REGISTRAR'S SIGNATURE Chas. L. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Dr. Hirshman
W. Washington St -
Hagerstown, Md -
5014

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05025

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington Co -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 115 West Bethel St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY		JOHNSON	May	8 -	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	12/23/1904	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	none	Charles Town, W. Va -	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lenoard Will	Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	unknown	Isaac Johnson - Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
592X Immediate cause	(a) Hypertensive and Arteriosclerotic Heart Disease	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	?
	(c) Anemia - Secondary	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 25th, 1955, to May 8th, 1955, that I last saw the deceased alive on May 8th, 1955, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Chas S. Holman M.D. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 5/9/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/11/55	Fairview Cemetery	Charles Town, W. Va -

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 9. 1955	Chas. H. Bowers	Fred W. Krauss	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

5051

05026
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: along road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Fairplay
STREET ADDRESS (If rural, give location): Fairplay, Md.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Jones

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	M	April 19, 1884	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Retired employee - N. A. Cement
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Williamport, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Jones
14. MOTHER'S MAIDEN NAME: Susan Knodle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Irene Jones, Fairplay, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Suffocation by drowning	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO		
(c)		

929.8

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
-	-	Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) Creek	21c. (City or town) (County) (State) Near Keedysville, Wash., Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
May 11 '55 6:30 PM		Fell in creek while fishing

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: J. Robert Wells M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 5-13-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY-15-1955	MANOR CEMETERY	NR. TILGHMANTON WASH. CO. MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 15 55	R. H. Keating	Wm. F. Bast and Sons Boonsboro Md

VS. A15A - 5 - 53

Bill
B.
Boone

5052

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05027

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Trego
LENGTH OF STAY (in this place): 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Jamison Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick 10-35-2
STREET ADDRESS (If rural, give location) 7 West E. Street ✓

3. NAME OF DECEASED: (First) GEORGE (Middle) HENRY (Last) JOY

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Feb. 7, 1870	85 yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
R.R. Conductor	B.&O. R.R. Co.	Hedgesville, West Va.	USA

13. FATHER'S NAME: Martin Joy

14. MOTHER'S MAIDEN NAME: Mary Martha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 705-09-2869

17. INFORMANT & ADDRESS: Mrs. Susan E. Joy, 7 West E. Street, Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Coronal Thrombosis — 2 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Sinusitis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-, 1955, to 5-11-, 1955, that I last saw the deceased alive on 5-11-, 1955, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 5-12-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/14/55	Green Hill Cemetery	Martinsburg, West Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 12-1955	Katherine Dagenhart	J. Donald Eackles	Bolivar, W.Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05028

5015

CERTIFICATE OF DEATH

Dr Conrad

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 50 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 18 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 18 Broadway 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HARRY (Last) KELLER

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Feby 24 1865	90 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Partner Keller	stonebraker Ins Co	Funkstown Md.	USA

13. FATHER'S NAME: Solomon Keller

14. MOTHER'S MAIDEN NAME: Clara stonebraker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		213-12-7539	Dr Robert P. Conrad

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4428 IMMEDIATE CAUSE (A) Cardio Vascular Renal disease — 10 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1930, to 5-23, 1955, that I last saw the deceased alive on 5-23, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert P. Conrad, M.D. M. D. ADDRESS Hagerstown Md DATE SIGNED 5-23-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 25, 1955	Chas H. Bowers	Andrew K. Coffman	Hagerstown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05029

5053

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 12 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg R.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Smithsburg R.D. #2.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Frisby	Fillmore	Kindle	May	14	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	2/24/1881	74 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Self employed	Farmer.	Washington Co. Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis Kindle	Mary Churchy.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs Clifford Himes Smithsburg Rt 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1955, to 5/14, 1955, that I last saw the deceased alive on 5/13, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles F. Hess M.D.	Smithsburg, Md.	5/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	5/16/1955	Smithsburg	Smithsburg Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16-55	Geo. W. Ferguson	Walter J. Hose	Waynesboro, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 050311

5-54

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport, Md.
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville 10 X - 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) George (Middle) C. (Last) Leatherman.

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1955 @ 5:35 P.M.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Dec. 17, 1858	96 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer one ret.	Farm	Myersville	U.S.

13. FATHER'S NAME: George Leatherman

14. MOTHER'S MAIDEN NAME: Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
no		none	Mrs. Frank Cline daughter Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Generalized Arterio-Sclerosis
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—			M.		—

22. I hereby certify that I attended the deceased from Feb. 10 1955, to May 29, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 5.35 P.M., from the causes and on the date stated above.

SIGNATURE J E Harp (DEGREE OR TITLE) MD ADDRESS Middletown DATE SIGNED May 30 55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-1-1955	Groveville Cemetery	Frederick Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31-1955	E Lee McElroy	Gladhill Co.	Middletown Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

05031

591C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 202

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Market House Lot

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): YMCA

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harris	Addison	Ledford	5	23	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	7/17/93	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Inspector	Aircraft	Winchester Tenn.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alec Ledford	Sally Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	196-05-4431	D. V. Widder Arlington Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) coronary thrombosis — Interval between onset and death: 48 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: S Robert Wells M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED: 9-24-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-26-55	Riverside	Ashville N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 24 1955	Elizabeth Powers	Scott F. Minnich & Son	Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05032

5255 Dr Lusby

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
LENGTH OF STAY (in this place) 6 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beaver Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X
STREET ADDRESS (If rural give location) Beaver Creek Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) CLARENCE (Last) LOCHBAUM

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 9 1896	58 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accounting Dept	Fairchild Inc.	Beddington W. Va.	USA

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	W.W. # 1 U.S. Navy	212-14-7560	Mrs Bearnedetta S. Lochbaum

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S) DUE TO (B) This patient was never seen by any doctor when

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) alive - Coroner was notified - released the body

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
None		

22. I hereby certify that I attended the deceased from 15 May, 1955, to 15 May, 1955, that I last saw the deceased alive on 15 May, 1955, and that death occurred at 12:20 AM, from the causes and on the date stated above.

SIGNATURE F L Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 16 May 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/18/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 16, 1955	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05033

5056

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; MARYLAND; LENGTH OF STAY (In this place) 1 Week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hartle Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; STREET ADDRESS (If rural, give location) Downsville Pike

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	CHARLES	LONG	May 28 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	Oct 5 1889	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer - Owner Retired		Downsville Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Long	Ellen Hagerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Miss Mamie Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular accident	17 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertensive Heart Disease	4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 19 55 to 28 May, 19 55, that I last saw the deceased alive on 26 May, 19 55, and that death occurred at 10 55 A.M., from the causes and on the date stated above.

SIGNATURE Samuel Saal M.D. (Degree or title) ADDRESS Williamsport Md DATE SIGNED 28 May 55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/30/55	Manor Cemetery	near Tilghmanton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 28, 1955	E Lee McElroy	Andrew K. Coffman	Hagerstown Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05034

: 5917

CERTIFICATE OF DEATH

Dr Campbell
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash, County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 238 Prospect Ave 1

3. NAME OF DECEASED: (Type or Print) (First) CAROLINE (Middle) IDA (Last) McBRIEN

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Nov 27 1871
9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hoboken New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward S. Brown
14. MOTHER'S MAIDEN NAME: Anna M. Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Stephen B. McBrien

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis 10 yr

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1955 to May 29, 1955 that I last saw the deceased alive on May 29, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Robert V. Campbell M.D. ADDRESS Hagerstown DATE SIGNED 5/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-31-55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 31 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Brewer 05035

5^57

CERTIFICATE OF DEATH

Reg. Dist. No. 3 0 3

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown R # 2
LENGTH OF STAY (in this place) 1½ Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Layman Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 2303 Virginia Ave /

3. NAME OF DECEASED: (Type or Print) (First) HUGH (Middle) FRANCIS (Last) McCUSKER

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr 17 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T. McCusker

14. MOTHER'S MAIDEN NAME: Martha Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Margaret K. Dasher

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterial Sclerosis — 10 yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955, to May 16, 1955, that I last saw the deceased alive on May 16, 1955, and that death occurred at 6.35 P.M. from the causes and on the date stated above.

SIGNATURE David P. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 5/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-19-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR 5/18/55

REGISTRAR'S SIGNATURE Leroy M. Fogler, Deputy

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05036

5058 Item 2, Film 182 6-6-55 at

CERTIFICATE OF DEATH

Reg. Dist. No. 303

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chambersburg Ft. Loudon R-3
STREET ADDRESS (If rural give location) Shook Home

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) ------ (Last) McElhinny

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: April 24, 1871 | 9. AGE last birthday 84 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Loudon, Pa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Burtsfield
14. MOTHER'S MAIDEN NAME: Catherine Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: M. Garfield Barbour- ShippensburgPa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mo,

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Hemorrhage — 4 mo,

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 6, 1955 to May 25 1955 that I last saw the deceased alive on May 24, 1955, and that death occurred at 1 P. M, from the causes and on the date stated above.
SIGNATURE David R Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 5/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 27, 1955 | NAME OF CEMETERY OR CREMATORY Spring Hill Cemerery | LOCATION (City, town, or county) Shippensburg, Pa. (State)

DATE REC'D BY LOCAL REGISTRAR May 26-55 | REGISTRAR'S SIGNATURE Leroy M Fockler Deputy

24. FUNERAL DIRECTOR M. Garfield Barbour & Son ADDRESS Shippensburg, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5018

CERTIFICATE OF DEATH

Dr. Ditto

05037

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Lehmans Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Route # 6
STREET ADDRESS (If rural give location) Lehmans Mill Road

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) LOUISE (Last) MINNICH

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 24, 1889

9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): nr. Broadfording, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Carbaugh

14. MOTHER'S MAIDEN NAME: Ida Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph R. Minnich

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 422X	(A) Pneumonia	6 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinoma Ventricle Stomach	6 yrs
	DUE TO (C) Hemiplegia	6 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1953, to 5-10, 1953, that I last saw the deceased alive on 5-9, 1953, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE J. W. Ditto Jr. M. D. ADDRESS Hagerstown Md DATE SIGNED 5-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-12-55

NAME OF CEMETERY OR CREMATORY Green Hill Cemetery

LOCATION (City, town, or county) (State) Waynesboro, Pa.

DATE REC'D BY LOCAL REGISTRAR May 11 1955

REGISTRAR'S SIGNATURE Ernest Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

5059 05038

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural 2 Hancock Md — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 Woods

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural 2 Hancock Md. X
STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Raymond	Clyde	Moats Jr.	5	23	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	Aug. 18. 1936	18 yrs.	0	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farming	Washington County Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Raymond C Moats	Viola Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No		Raymond C Moats Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835 X

Immediate cause (a) Fractured skull (open) — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage & shock

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hancock	Wash. 21	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☑ Not while at work ☐	HOW DID INJURY OCCUR?
May 23 '55 3:10 P.M.		Farm Tractor - Turned-over - Struck in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J Robert Mellg	M.D. - D.M.E.	Washington Co. Hagerstown, Md,	5-24-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5.26.55	Stone Bridge Brethern	Hancock Washington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/26/55	J A Nellen	Howard J Stone	Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05039

5019

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Martin Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chewsville
STREET ADDRESS (If rural give location) X Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Meta (Middle) Reno (Last) Morningstar

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 10 1878

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Sharpsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M Glass

14. MOTHER'S MAIDEN NAME: Gwennella Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Gwennella Ardinger - Chewsville

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 25 yr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18, 1955, to 5/22, 1955; that I last saw the deceased alive on 5/22, 1955, and that death occurred at 2:00 M, from the causes and on the date stated above.

SIGNATURE Edward M. Otto III M. D. ADDRESS 217 W. Washington DATE SIGNED 5/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/25/55

NAME OF CEMETERY OR CREMATORY Mountain View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR May 24, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. KOHLER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5220

05040

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: WASHINGTON — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 03 HAGERSTOWN
LENGTH OF STAY (in this place): 4 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BOONSBORO X
STREET ADDRESS (If rural, give location): 404 N. MAIN ST. 1

3. NAME OF DECEASED (Type or Print): (First) BEULAH (Middle) - MAY - (Last) MOSER

4. DATE OF DEATH: (Month) MAY (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 21-1897

9. AGE last birthday: 57-8-19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BEAVER CREEK WASH. Co. MD. U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DENTON I. SHOOP

14. MOTHER'S MAIDEN NAME: MARTHA J. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 220-26-5402

17. INFORMANT AND ADDRESS: JOSEPH E. MOSER BOONSBORO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9 Immediate cause (a) Metastatic Carcinoma — 4 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Pathological fracture of Left Femur — 6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1954 to May 10, 1955, that I last saw the deceased alive on May 10, 1955, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: G. E. Kohler (Degree or title) MD ADDRESS: Smithsburg DATE SIGNED: 5/19/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: MAY-14-1955 | NAME OF CEMETERY OR CREMATORY: CHURCH OF BRETHREN CEMETERY | LOCATION (City, town, or county) (State): BEAVER CREEK MD.

DATE REC'D BY LOCAL REG.: May 13 1955 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS | ADDRESS: BOONSBORO MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05041

5121

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 109 East Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 109 East Washington Street 1

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) HAMMOND (Last) MYERS

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: March 25, 1860

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months 1 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Libertytown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hammond

14. MOTHER'S MAIDEN NAME: Eliza Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Miss. Mattie V. Myers Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Cortex arteriosclerotic Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Senility

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1955, to 5-18 1955, that I last saw the deceased alive on 5-19, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE D. W. Suter M. D. ADDRESS Hagerstown DATE SIGNED 5/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/21/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR May 19, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5922

Reg. Dist. No. 05042 30Z

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gambrill Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1
STREET ADDRESS (If rural give location) 2302 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) Trilby (Middle) Imogene (Last) Myers

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 3 1897
9. AGE last birthday 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Daniel Burras
14. MOTHER'S MAIDEN NAME: Barbara Feigley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Earl Myers 5 Decker Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 170X (A) Carcinoma - Breast — INTERVAL BETWEEN ONSET AND DEATH 1 year -

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 19 55, to May 25, 19 55, that I last saw the deceased alive on May 23, 19 55, and that death occurred at 1:50 PM, from the causes and on the date stated above.

SIGNATURE Thos J McLennan M. D. ADDRESS Hagerstown Md DATE SIGNED 5/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 25, 1955
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 25, 1955
REGISTRAR'S SIGNATURE C. Elliott Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc ADDRESS Hagerstown, Md.

5023 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05043

Dr. Hochlander

CERTIFICATE OF DEATH

Dr Hocklander

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 538 Guilford Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 538 Guilford Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) GUE (Last) NASH

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jany 20 1879

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practiced Naturoph

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Weverton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cornelius Virts

14. MOTHER'S MAIDEN NAME: Caroline Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Charles A. Eldridge

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4201 IMMEDIATE CAUSE	(A) Coronary occlusion	96 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Coronary heart disease	3yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1955, to 10 May, 1955, that I last saw the deceased alive on 9 May, 1955, and that death occurred at 12:15 P M, from the causes and on the date stated above.

SIGNATURE Elden R Hochlander M. D. ADDRESS Hagerstown Md DATE SIGNED 5/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-13-55	Ft. Lincoln Cemetery	Alexandria, Virginia

DATE REC'D BY LOCAL REGISTRAR May 11. 1955

REGISTRAR'S SIGNATURE Charles H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05044

5924

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1930 JEFFERSON BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural give location) 1930 JEFFERSON BLVD.

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) ELIZABETH (Last) NEEDY

4. DATE OF DEATH: (Month) MAY (Day) 20 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCTOBER 1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE KEEPER

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WASHINGTON CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID H. NEEDY

14. MOTHER'S MAIDEN NAME: MARY GRIFFITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: LEWIS H. NEEDY - 1930 JEFFERSON BLVD. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardio Vascular Disease — 10 yrs +

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

422.1

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1954, to 20 May, 1955, that I last saw the deceased alive on 17 May, 1955, and that death occurred at 10.30 P M, from the causes and on the date stated above.

SIGNATURE F E Leasby M. D. ADDRESS 230 N Potomac DATE SIGNED 21 May 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF MAY-23-1955 — NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY — LOCATION (City, town, or county) HAGERSTOWN MD. (State)

DATE REC'D BY LOCAL REGISTRAR May 21, 1955 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Wm F. BAST AND SONS — ADDRESS BOONSBORO MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5025

CERTIFICATE OF DEATH

05045 302
Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beaver Creek - Rural X
STREET ADDRESS (If rural give location) Hagerstown Md. R.1

3. NAME OF DECEASED: (Type or Print) (First) Nina (Middle) Olive (Last) Needy

4. DATE OF DEATH: (Month) May (Day) 7. (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 27-1881
9. AGE last birthday 73-5-10 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frizzells Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Snyder
14. MOTHER'S MAIDEN NAME: Mary Catherine Dusing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Nora C. Needy Hagerstown Md. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X
IMMEDIATE CAUSE (A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Thrombo-phlebitis Rt Leg — 4 days
DUE TO (C) Acute Cholecystitis — 10 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 26 1955
19B. MAJOR FINDINGS OF OPERATION Cholecystitis & Cholelithiasis
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1955, to May 7, 1955, that I last saw the deceased alive on May 7, 1955, and that death occurred at 1:40 M, from the causes and on the date stated above.
SIGNATURE H G Kohler M.D. ADDRESS Smithsburg DATE SIGNED 5/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 10 1955
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 9 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. T. Bast & Sons
ADDRESS Boonsboro Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5026

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05047

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 459 W. Washington Street 1

3. NAME OF DECEASED: (Type or Print) (First) ORLA (Middle) LINDEN (Last) PIPER

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 9, 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 11 Days 12 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Western Md. R.R.

11. BIRTHPLACE (State or foreign country): Asley, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Piper

14. MOTHER'S MAIDEN NAME: Emma Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. I

16. SOCIAL SECURITY NO. 705-10-4985

17. INFORMANT & ADDRESS: Mrs. Emily Smith Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary occlusion — 2 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Chronic myocarditis — 2 hrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27, 1955, to May 21, 1955, that I last saw the deceased alive on May 21, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Chas. L. Wolfinger M. D. ADDRESS Hagerstown Md DATE SIGNED 5/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5/24/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR May 23, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05048

5060 **CERTIFICATE OF DEATH** Reg. Dist. No. 326

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Highfield
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Florence (Last) Poole

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 23, 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Lantz Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Ott

14. MOTHER'S MAIDEN NAME: Susan Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 4

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Richard Rice, Highfield Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Chronic Myocarditas Grade IV in senile Psychosis — INTERVAL BETWEEN ONSET AND DEATH: 4-5 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Generalized Arteriosclerosis — 5-7 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954, to 8 May, 19 55, that I last saw the deceased alive on 5/7/55, 19..., and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE Harry Hyrungs M.D. ADDRESS Blue Ridge Summit Pa. DATE SIGNED 10 May 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5/10/55 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county) (State): Lantz #1 Md.

DATE REC'D BY LOCAL REGISTRAR: May 10-55 — REGISTRAR'S SIGNATURE: Geo W Ferguson — 24. FUNERAL DIRECTOR: Walter G. Hare — ADDRESS: Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05049

5027

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:

COUNTY WASHINGTON MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 03 HAGERSTOWN

LENGTH OF STAY (in this place): 6 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 81 WASH. Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY WASHINGTON

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROHRERSVILLE X

STREET ADDRESS (If rural give location): MAIN ST. /

3. NAME OF DECEASED: (Type or Print) (First) METH (Middle) M (Last) RICE

4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	APRIL 21 1893	62-1-6 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	SHARPSBURG WASH. Co. MD.	U.S.A.

13. FATHER'S NAME: CHARLES CROWL

14. MOTHER'S MAIDEN NAME: ANNA SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.		NONE	SAMUEL C. RICE ROHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Mox

IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: Hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma breast — Months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to May 27, 1955, that I last saw the deceased alive on May 27, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE AND M. D. [signature] ADDRESS 114 E. Antietam DATE SIGNED 5/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY-30-1955	LOCUST GROVE CEMETERY	LOCUST GROVE WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 28, 1955	Chas. H. Bowers	WM F. BAST AND SONS	BOONSBORO MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05050

5961

CERTIFICATE OF DEATH

Reg. Dist. No. 3rd

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sharpsburg
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
STREET ADDRESS (If rural give location) Sharpsburg Md

3. NAME OF DECEASED: (Type or Print) (First) Carrie (Middle) Virginia (Last) Rohrer

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced | 8. DATE OF BIRTH: Dec. 15 1886 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months 4 Days 27 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse
10B. KIND OF BUSINESS OR INDUSTRY: Nursing
11. BIRTHPLACE (State or foreign country): Clearspring Dist. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Edward Silver
14. MOTHER'S MAIDEN NAME: Mattie Jane Perrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 185-14-4991
17. INFORMANT & ADDRESS: Mr. Charles Rohrer Sharpsburg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Hypertensive Cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Perniciouse anemia — 3 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19..., to 5/12..., 19 55 that I last saw the deceased alive on 5/12/55 19..., and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Walter H. Sheely, M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 5/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 15 1955
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR 5-14-55
REGISTRAR'S SIGNATURE Ed. Troyer
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05051

5028

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Martin Manor Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chambersburg 75x-3
STREET ADDRESS (If rural give location) 403 Philadelphia Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Mary (Last) Scheller

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 23, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months 10 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Public School Teacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas K. Scheller

14. MOTHER'S MAIDEN NAME: Helen N. Nitterhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Thomas K. Scheller, Chambersburg, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 ✓

IMMEDIATE CAUSE (A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, general — 25 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy, petit mal — 10-15 yrs

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 14, 1955, to May 16, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 12 40 PM, from the causes and on the date stated above.

SIGNATURE Edward W. Otto III M.D. ADDRESS 217 W. Washington St. DATE SIGNED 5/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5-18-1955

NAME OF CEMETERY OR CREMATORY Cedar Grove Cemetery

LOCATION (City, town, or county) (State) Chambersburg, Pa.

DATE REC'D BY LOCAL REGISTRAR May 18, 1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Sellers Fun. Home, Chambersburg, Pa.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05052

5062

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hagerstown
LENGTH OF STAY (in this place) 3 yrs. 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 300 South Locust Street

3. NAME OF DECEASED: (Type or Print) (First) LOTTIE (Middle) ELIZABETH (Last) SCHUELER

4. DATE OF DEATH: (Month) May (Day) 10 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: May 29, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Smithsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Henry Garver

14. MOTHER'S MAIDEN NAME: Alice Virginia Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Ralph Garver Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X IMMEDIATE CAUSE (A) Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

903.7 (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of right femur — 4 weeks

19A. DATE OF OPERATION: 0 None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Gateway Home.

21C. WHERE DID INJURY OCCUR? (City or town) Route 2 (County) Wash. (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) April 12, 1955 10 P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Fell on floor

22. I hereby certify that I attended the deceased from Jan. 1952, to May 10, 1955, that I last saw the deceased alive on May 10, 1955, and that death occurred at 6 P. M, from the causes and on the date stated above.

SIGNATURE David R. Brewer M. D. ADDRESS Clear Spring Md. DATE SIGNED 5/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/12/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR May 12, 1955

REGISTRAR'S SIGNATURE Joseph W Murray

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons Hagerstown, Maryland

Dr. David Brewer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05053

5029

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2228 Virginia Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 2228 Virginia Ave., 1

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) Alando (Last) Shafer

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan. 20, 1898

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired mach.

10B. KIND OF BUSINESS OR INDUSTRY: J.B. Ferguson Co

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lycurtis Shafer

14. MOTHER'S MAIDEN NAME: Fannie Toms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-4057

17. INFORMANT & ADDRESS: Alice J. Shafer Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cardio. Vascular Di — INTERVAL BETWEEN ONSET AND DEATH 2-3 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterio Sclerosis Heart — 2-3 "

(C) DUE TO Cerebral Hemorrhage. — 3 months.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ✓

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 0 M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1955 to 5/22, 1955 that I last saw the deceased alive on 5/21, 1955, and that death occurred at 3.5 M, from the causes and on the date stated above.

SIGNATURE M.D. Virgil D Mullen ADDRESS 131 W. Wash. St. Hagerstown DATE SIGNED 5/23-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-25-55 — NAME OF CEMETERY OR CREMATORY Rose Hill — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 24 1955 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

5030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05054

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 1121 Moller Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 1121 Moller Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Franklin (Last) Shoman 4th

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 29, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

11. BIRTHPLACE (State or foreign country): Franklin Co. Penna

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Josiah Shoman

14. MOTHER'S MAIDEN NAME: Anna J. Uhler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-05-0846

17. INFORMANT & ADDRESS: Myrtle Shoman 1121 Moller Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

IMMEDIATE CAUSE (A) Bronchial asthma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) pulmonary Emphysema — 10-12 yr.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis general — 25 yr

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to May 17, 1955, that I last saw the deceased alive on May 16, 1955, and that death occurred at 4 ET M, from the causes and on the date stated above.

SIGNATURE Edward W. Doty III M. D. ADDRESS 217 W. Washington St. DATE SIGNED 5/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/19/55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR MAY 19 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5031

05055

Reg. Dist. No. 30-2

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 430 Carrollton Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Cesselia (Middle) Feigley (Last) Smith

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 21, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Borne

14. MOTHER'S MAIDEN NAME: Laura Lutz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Keefer E. Smith Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/55, 19..., to 5/19/55, 19..., that I last saw the deceased alive on 5/19/55, 19..., and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. William Garland Shoop DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 5-21-55

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 20, 1955

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR AND ADDRESS Fred W. Kraiss Hagerstown, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5032

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05056

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 880 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03

STREET ADDRESS (If rural give location) 880 Virginia Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) GUY (Last) SMITH

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: May 14, 1893

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months 0 Days 7 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

10B. KIND OF BUSINESS OR INDUSTRY: Pennsylvania R.R.

11. BIRTHPLACE (State or foreign country): Boonsboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clayton Smith

14. MOTHER'S MAIDEN NAME: Fannie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) 3

16. SOCIAL SECURITY NO. 717-07-9293

17. INFORMANT & ADDRESS: Mrs. Carrie Lee Smith Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease & Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio-Vascular Disease DUE TO — 3 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Post-Concussion Syndrome — 9 months

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18-, 1955, to 5-21, 1955, that I last saw the deceased alive on 5-21-, 1955, and that death occurred at 8:45 A M, from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M. D. ADDRESS Hagerstown DATE SIGNED 5/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 5/24/55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR May 23, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05057

5033

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 7YRS.
03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 MARBERN ROAD
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
03
1
STREET ADDRESS (If rural give location) 111 MARBERN ROAD

3. NAME OF DECEASED: (Type or Print) (First) ORPHA (Middle) GERTRUDE (Last) SNOOK

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4/16/1879

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEVI DUBEL

14. MOTHER'S MAIDEN NAME: SARAH KRISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MR. CHARLES W. SNOOK HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Bronchopneumonia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	4 yr
	DUE TO (c) Generalized Arteriosclerosis	10 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 19 55, to 5/19, 19 55, that I last saw the deceased alive on 5/19, 19 55, and that death occurred at 2:30PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. Campbell MD ADDRESS Hagerstown DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/21/55 NAME OF CEMETERY OR CREMATORY Rose Creek Cem. LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR May 20, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Normant ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

5034

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05058

Dr Lusby

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 11 Winter St 1

3. NAME OF DECEASED: (Type or Print) (First) EDGAR (Middle) FOUT (Last) SPRECHER

4. DATE OF DEATH: (Month) (Day) (Year) May 4 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 18 1885	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Bester- Long Co	Hagerstown Md.	USA

13. FATHER'S NAME: John I. Sprecher

14. MOTHER'S MAIDEN NAME: Anna E. Bowlus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		173-03-3858	Mrs Bessie Sprecher 11 Winter St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Arterioschlerotic Cardio-Vascular disease

ANTECEDENT CAUSE (S) DUE TO with myocardial failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Arterio-schlerotic Duration: Years Pyelonephritis 3 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pyelonephritis--Paralyticileus

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-27-55 & 5-3-55	Pyelonephritis --- Paralyticileus	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-16-54 19..... to 5-4-55 19....., that I last saw the deceased alive on 5-4-55 19....., and that death occurred at 9:23 A.M. from the causes and on the date stated above.

SIGNATURE J. G. Warden, M. D. M. D.

ADDRESS 832 Potomac Ave., Hag. Md.

DATE SIGNED 5-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/7/55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 14 1955	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05059

5035

CERTIFICATE OF DEATH

Dr Lewis Graff

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 70 West Franklin St

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) MYRA (Last) SQUIRE

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 27 1913
9. AGE last birthday 42 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Barnhart
14. MOTHER'S MAIDEN NAME: Ruby Frazer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Margaret Bowers

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

IMMEDIATE CAUSE (A) Cardiovascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Liver Failure & Toxicity — days.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cirrhosis - Liver — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1955, to May, 1955, that I last saw the deceased alive on 5/27, 1955, and that death occurred at 10 P M, from the causes and on the date stated above.

SIGNATURE Louis B Smith M.D. M. D. ADDRESS 119 E. Antietam DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 5-31-55
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 28 1955
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5063

CERTIFICATE OF DEATH

05060

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural --Hagerstown, RR#5
LENGTH OF STAY (In this place) 50 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS IX BROOK LANE FARM

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Ohio COUNTY 72x-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Orville
STREET ADDRESS (If rural give location) RR# 1 Marshallsville, Ohio

3. NAME OF DECEASED (Type or Print) (First) SUSIE (Middle) ------- (Last) STAUFFER
4. DATE OF DEATH (Month) May (Day) 18 (Year) 1955
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH December 24 1897
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Aurora, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Jonas Petersheim
14. MOTHER'S MAIDEN NAME Barbara Schlabach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. ---
17. INFORMANT Arthur Laemmlen, administrator

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial Infarction — 1 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16, 19 55, to 5/18, 19 55, that I last saw the deceased alive on 5/18, 19 55, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles F. Hess M.D. Smithsburg, Md. 5/18/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 5-22-55 | NAME OF CEMETERY OR CREMATORY Schlabach Cemetery | LOCATION (City, town, or county) (State) Oakland Md.

DATE REC'D BY LOCAL REG. May 19 1955 | REGISTRAR'S SIGNATURE Lohn H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

05061

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5064

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R#6
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paramount, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R#6
STREET ADDRESS (If rural give location) Paramount, Maryland

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ERCELL (Last) STITELY

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 5, 1890

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Johnsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wolfe

14. MOTHER'S MAIDEN NAME: Lizza Garber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: D. Raymond Stitely

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X
IMMEDIATE CAUSE
(A) Carcinoma of rectum
ANTECEDENT CAUSE (S)
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to 31 May, 1955, that I last saw the deceased alive on 27 May, 1955, and that death occurred at 2:40 A M, from the causes and on the date stated above.

SIGNATURE Eldon D. Goodlander M. D. ADDRESS Hagerstown Md DATE SIGNED 5/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-2-55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR June 2, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05062

5036

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 38 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 435 Liberty St.

3. NAME OF DECEASED: (First) William (Middle) Thomas (Last) Sweeney Sr.
4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 6, 1888	66 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinist	Railroad	Philadelphia Pa.	

13. FATHER'S NAME: Charles Sweeney
14. MOTHER'S MAIDEN NAME: Emma Barlow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		717-07-9284	Mrs. M. Louise Sweeney Hag. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1953, to May 20, 1955, that I last saw the deceased alive on May 19, 1955, and that death occurred at 8 A M, from the causes and on the date stated above.

SIGNATURE Chas. M. Sweeney M. D. ADDRESS Hagerstown Md. DATE SIGNED 5/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-22-55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: May 22, 1955 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

336

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5065

05063

Reg. Dist. No. 303

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Clear Spring, | LENGTH OF STAY (in this place) Md. 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence- Indian Spgs. Road

2. USUAL RESIDENCE (HOME.) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Clear Spring, Md.
STREET ADDRESS (If rural give location) Indian Springs Road

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) Arnold (Last) Taylor

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feby. 23, 1900	55 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Boiler Maker	Western Md. R R	Austin, Minnesota	U S A

13. FATHER'S NAME: George Taylor

14. MOTHER'S MAIDEN NAME: Mary Fitchen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No	705-10-5731	Mrs. Daisy A. Taylor- Big Pool, Md. RD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Carcinoma of the lung, — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
January 20, 1955	Carcinoma of the left lung, upper lobe	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Apr 1, 1955, to May 27, 1955 that I last saw the deceased alive on May 23 1955, and that death occurred at 9:10P M, from the causes and on the date stated above.

SIGNATURE Leslie Robert Cohen M. D. ADDRESS Clear Spring, Md. DATE SIGNED May 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 30, 1955	Rose Hill Cemetery	Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	A. FUNERAL DIRECTOR	ADDRESS
May 29-1955	Joseph W. Murray Deputy Registrar	Adrian T. Rowland.	Clear Spring Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5037

05064

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X
STREET ADDRESS (If rural give location) 111 High St 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Richard (Last) Troxell

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 14, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Mfg.

11. BIRTHPLACE (State or foreign country): Funkstown Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Troxell

14. MOTHER'S MAIDEN NAME: Anna Hosenfleck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-10-4686

17. INFORMANT & ADDRESS: Mrs. Mary E Troxell 111 High St Funkstown, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arterio-sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 1955, to May 12 1955, that I last saw the deceased alive on May 12, 1955, and that death occurred at 5:37 A.M., from the causes and on the date stated above.

SIGNATURE Aubrey Rowenstein M. D. ADDRESS Funkstown Md DATE SIGNED 5-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF May 14, 1955 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 13, 1955 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Hagerstown, Md. ADDRESS Rest Haven Funeral Chapel Inc

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05065

5066

CERTIFICATE OF DEATH

Dr Victor Miller

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown R # 2
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Layman Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 415 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) GORDON (Last) UHLER

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 6 1876

9. AGE last birthday 79 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Uhler

14. MOTHER'S MAIDEN NAME: Martha Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Martha Embly

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Arteriosclerotic Heart Disease	?,
ANTECEDENT CAUSE (S) DUE TO	(B) Cardiac asthma -	(?)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) arteriosis Generalized	3'

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) no

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) no

21C. WHERE DID INJURY OCCUR? (City or town) no (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ no

21F. HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Jan 1, 1955 to May 7 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at — M, from the causes and on the date stated above.

SIGNATURE Victor H Miller M. D. ADDRESS Hagerstown Md DATE SIGNED 5/8-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 5/10/55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR 5.9.1955

REGISTRAR'S SIGNATURE Leroy M Fockler (Deputy)

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05066

5038

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 101 Madison Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Cario (Last) Valentine

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: December 15, 1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months 4 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nocera Terenese, Italy

12. CITIZEN OF WHAT COUNTRY? Italy ✓

13. FATHER'S NAME: Domenico Cario

14. MOTHER'S MAIDEN NAME: Femice ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Jos. J. Valentine, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) DUE TO Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2/55 19 , to 5/3/55 19 , that I last saw the deceased alive on 5/3/55 , 19 , and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE C. L. Young ADDRESS M.D. Williamsport DATE SIGNED 5/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-7-1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR May 6, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05067

5039

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 327 West Washington Street 1

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Kathryn (Last) Ward

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: January 5, 1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitress

10B. KIND OF BUSINESS OR INDUSTRY: St. Mary's School

11. BIRTHPLACE (State or foreign country): Martinsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Taylor Richards

14. MOTHER'S MAIDEN NAME: Nannie Rush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 232-28-2077

17. INFORMANT & ADDRESS: Mrs. Belle M. Otzelberger, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hrs.

DUE TO

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis — yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1955, to 5/17/55, that I last saw the deceased alive on 5/17/55, 19..., and that death occurred at 7 P M, from the causes and on the date stated above.

SIGNATURE Howard E. Wade M.D. ADDRESS 108 Walnut Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/20/55
NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery
LOCATION (City, town, or county) (State): Martinsburg, West Virginia

DATE REC'D BY LOCAL REGISTRAR: May 19 1955
REGISTRAR'S SIGNATURE: Elizabeth Bowers

24. FUNERAL DIRECTOR ADDRESS: C. M. Suter & Sons, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05068

5067

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Williamsport
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Rt. 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport X
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Calvin (Last) Wetzel

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: May 7, 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Saw Operator

10B. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Greencastle Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry J. Wetzel

14. MOTHER'S MAIDEN NAME: Harriett Stains

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-7564

17. INFORMANT & ADDRESS: Mrs. Jeanette Horsh

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary heart disease — 3 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 11 May, 1955, that I last saw the deceased alive on 11 May, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE Elden D. Woodcock M. D. ADDRESS Hagerstown Md DATE SIGNED 5/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5-14-55 — NAME OF CEMETERY OR CREMATORY Plesent View — LOCATION (City, town, or county) (State) Coseytown Pa.

DATE REC'D BY LOCAL REGISTRAR May 13, 1955 — REGISTRAR'S SIGNATURE Edwin H. Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag. Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5049 Dr. Wm. Layman

05069

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 1831 Jefferson Blvd.

3. NAME OF DECEASED: (Type or Print) (First) ZOIA (Middle) ELIZABETH (Last) WILSON

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 22, 1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Woodsboro, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel H. Stitely

14. MOTHER'S MAIDEN NAME: Missouri Hahu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Charles E. Wilson

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
155X IMMEDIATE CAUSE	(A) Carcinoma of gall bladder	indetermina-
ANTECEDENT CAUSE (S)	DUE TO	ate
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus Cholelithiases	18 years 6 months

19A. DATE OF OPERATION: None 2

19B. MAJOR FINDINGS OF OPERATION: II Hypertensive vascular disease duration 9 years

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1955 to May 24, 1955 that I last saw the deceased alive on May 24, 1955, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE William T. Layman, M.D. ADDRESS 100 Professional Arts Bldg. DATE SIGNED 5-25-55

M.D. Hagerstown Md.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-27-55	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR May 27 1955

REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05070

5^41

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give name of town) HAGERSTOWN
LENGTH OF STAY (in this place) 60 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 S. POTOMAC ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 309 S. POTOMAC ST.

3. NAME OF DECEASED: (First) NENA (Middle) MAY (Last) WINTERS

4. DATE OF DEATH: (Month) MAY (Day) 3 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 3/30/1874
9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB B. STONER
14. MOTHER'S MAIDEN NAME: ELIZABETH TRITLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MISS GERALDINE WINTERS HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 443X	(A) Vascular hypertension	10yrs
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arterio sclerotic myocardial heart disease with myocardial failure grade IV	4yrs
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. , 1951, to May , 1955 that I last saw the deceased alive on April 14 1955, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

SIGNATURE S. Robert Wells, M.D. ADDRESS M. D. 115 N. Potomac St- Hag. Md. DATE SIGNED 5-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 5/5/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 5, 1955 | REGISTRAR'S SIGNATURE Chas H. Boevers | 24. FUNERAL DIRECTOR W. J. Norment, Hagerstown, Md. | ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05071

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5^42

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural give location) 146 N. Artizan Street

3. NAME OF DECEASED: (First) Chester (Middle) Guy (Last) Worthington
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 25 1901	53 yrs.	5	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner of Poultry	Poultry Business	Chambersburg Pa.	USA

13. FATHER'S NAME: Mr. Philip Worthington
14. MOTHER'S MAIDEN NAME: Mary Ellen Hockensmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No	216-09-7861	Mrs. Dellie Worthington Williamsport

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 023X	(A) Aortic aneurysm	4 years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Cardiovascular lues	15 years
	DUE TO (C) Luetic infection	15-20 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypernephroma of right kidney	unknown

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29/51, 19....., to 5/23....., 1955, that I last saw the deceased alive on 5/23....., 1955., and that death occurred at 9:25 p M, from the causes and on the date stated above.

SIGNATURE George Jennings M. D. ADDRESS Hagerstown, Md. DATE SIGNED 5/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 27-55	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 25, 1955	Chas. H. Bowers	Albert L. Leaf	Williamsport Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05072

5743

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
03 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 days
81 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
STREET ADDRESS (If rural give location) 23 W. Poplar Street

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) JAMES (Last) ZIMMERMAN

4. DATE OF DEATH (Month) May (Day) 15 (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: July 22, 1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 8 Days 23 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never if retired): Delivery Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: Emmert's Hardware
11. BIRTHPLACE (State or foreign country): Halfway, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Monroe Zimmerman
14. MOTHER'S MAIDEN NAME: Leah Bitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-6528
17. INFORMANT & ADDRESS: Miss. Susan Zimmerman Funkstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral thrombosis. — 3 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1955, to May 15, 1955, that I last saw the deceased alive on May 14, 1955, and that death occurred at 12:05A M, from the causes and on the date stated above.

SIGNATURE R.A. Bell M. D. ADDRESS Hagerstown, Md. DATE SIGNED May 16, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/17/55
NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery
LOCATION (City, town, or county) (State): Funkstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: May 17, 1955
REGISTRAR'S SIGNATURE: Chas H Boever
24. FUNERAL DIRECTOR: C.M. Suter & Sons ADDRESS: Hagerstown, Maryland